

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/445,328 Conf. No. 9813
	Filing Date	December 7, 1999
	First Named Inventor	Kuber Sampath
	Group Art Unit	1647
	Examiner Name	David S. Romeo
Total Number of Pages in This Submission	Attorney Docket Number	STK-P01-514 (003443-0068-101)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment and Reply to Office Action <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (in duplicate) <input type="checkbox"/> Form PTO/SB/08A (in duplicate) and cited references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of Notice to file Missing Parts of Nonprovisional Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney to Prosecute Applications Before the USPTO <input checked="" type="checkbox"/> Statement Under 37 C.F.R. 3.73(b) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC Notice of Appeal <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px;"> Remarks The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, in connection with the paper(s) transmitted herewith to Deposit Account Number <u>06-1075</u>, Order No. <u>003443-0068-101</u>. </div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Ropes & Gray LLP Customer No. 1473	
Signature	/ KAREN MANGASARIAN /	
Printed name	Karen Mangasarian	
Date	November 5, 2008	Reg. No. 43,772

EXPRESS MAIL CERTIFICATION		
I hereby certify that this paper/fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Mail Stop Amendment, Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.